Name in Full: Mary V. Andrews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 13; Years: 1; Months: 2; Days:

Age

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Andrews; Father's Birthplace: Md

Mother's Maiden Name: Bessie Nicodemus; Mother's Birthplace: Md

Name of person giving Imformation: Samuel Andrews; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Pneumonia; How long: 20 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mary A. Laughlin

Address: 145 W. Wash. St Hagerstown Md.

Accident or Suicide?

93

LIBRARY BUREAU AB4516

1058
135
1193

1016

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Boonsboro — County: Washington

Date of death 1904 — Month: March — Day: 29th — Age: Years ____ Months ____ Days ____

Sex ____ — Color or Race: White — Birthplace: Boonsboro

Married, Single or Widowed ____ — Occupation ____

Name of Wife or Husband ____

Father's Name: Lemuel Babington — Father's Birthplace: Md

Mother's Maiden Name: Lutzner — Mother's Birthplace: " "

Name of person giving Information: Father — How related to deceased: Co

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth — How long ____

Immediate ____ — How long ____

Are the name, age, sex, color, date and place correctly given above? ____

Signature of Physician: E. T. Smith

Address: Boonsboro Md

~~Accident~~ or Suicide? ____

LIBRARY BUREAU A86516

Name in Full: Esthes Baechtel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 28; 1904

Age: Years: 66; Months: 2; Days:

Sex: Female; Color or Race: White; Birthplace: Illinois

Occupation: Housewife; Where Residing if not at place of death: California

Married, Single or Widowed: Married; Name of Wife or Husband: Martin Baechtel

Father's Name: Robert Hopkins; Father's Birthplace:

Mother's Maiden Name: Eleanor Wadsworth; Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Haemorrhage. How long: 36 hours

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A A Newcomer

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A899.1

Name Thornton C Barnes 197

CERTIFICATE OF DEATH

MARYLAND

Died at Town Walnut Bottom Town Fairs County Washington

Date of death 1904 Month March Day 29 Age Years 65 Months 9 Days 27

Sex Male Color or Race White Birthplace Berkley Co W Va

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Name of Wife ~~Husband~~ Mary C Ritzple

Father's Name Ishmael Barnes Father's Birthplace W Va

Mother's Maiden Name Maria Crown Mother's Birthplace " "

Name of person giving Information Chas C Barnes How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia How long 25 days

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Theo Boose

Address Longford

Accident or Suicide?

LIBRARY BUREAU A6U816

Name in Full: Frank Beard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 3 — Day: 7 — Age — Years: — Months: — Days: 8 hrs

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Frank Beard — Father's Birthplace: Md

Mother's Maiden Name: Arzeta Sterling — Mother's Birthplace: Md

Name of person giving Imformation: Susan Sterling — How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital dis of heart — How long: —

Immediate: Asphixid — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W F Monson

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Isaiah Luther Beard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 3; Day: 10

Age: Years: 79; Months: 11; Days: 24

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Nicholas Beard; Father's Birthplace: Md.

Mother's Maiden Name: ——— Lyday; Mother's Birthplace: Md.

Name of person giving Imformation: [illegible]; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: (Epileptic) Fit Grippe; How long: 1 week

Immediate: Fell dead from Chair; How long: ———

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Monson

Address: Hagerstown Md.

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Elizabeth Jane Bender

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 190 4: Month: May; Day: 7

Age: Years: 62; Months: —; Days: 4

Sex: Female

Color or Race: White

Birthplace: Sharpsburg

Married, Single or Widowed: Married

Occupation:

Name of Wife or Husband: Benjamin Bender

Father's Name: Jacob Heigborger

Father's Birthplace: Md.

Mother's Maiden Name: don't know.

Mother's Birthplace: don't know.

Name of person giving Information: Benjamin Bender

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Complication of Diseases

How long: Few years

Immediate: Tumor of Liver.

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Howell Bowman

Address: Sharpsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Eugene Hooker.
Undertaker.

Name in Full: John Billman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month 3 — Day 16 — Years — Age — Months 3 — Days 10

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Billman — Father's Birthplace: Pa

Mother's Maiden Name: Jimino Rapier — Mother's Birthplace: Ky

Name of person giving Imformation: Jimino Billman — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Smothered — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A D Stamper

Address

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Bessie E Bower

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month 3; Day 5

Age: Years 27; Months 2; Days 21

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Elias H Bower; Father's Birthplace: Md

Mother's Maiden Name: Savilla C. Bower; Mother's Birthplace: Md

Name of person giving Imformation: Savilla C Bower; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 2 years

Immediate: acute Indigestion; How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor D. Miller, Jr.

Address: Hagerstown, Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: John Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Beaver Creek — County: Washington Co.

Date of death: 1904 — Month: Mar — Day: 22

Age — Years: — Months: 6 months — Days:

Sex: male — Color or Race: white — Birthplace: Beaver Creek

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alex Bowers — Father's Birthplace: Beaver Creek

Mother's Maiden Name: Carrie Troxel — Mother's Birthplace: " "

Name of person giving Imformation: Charles Scadden — How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis & Fall on head. — How long: 10 days.

Immediate: Convulsions — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. D. Newcomer. M.D.

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A9981S

Name in Full: Theodore Roosevelt Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Funkstown — County: Washington

Date of death: Month: 1904 Mar. — Day: 9 — Years: Age — Months: 22 — Days:

Sex: — Color or Race: Colored — Birthplace: Funkstown

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Geo. W. Brooks — Father's Birthplace: Virginia

Mother's Maiden Name: Hanna W. Pairs — Mother's Birthplace: Funkstown

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: Spasms — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. E. Mueller

Address: Funkstown Md

Accident or Suicide?

LIBRARY BUREAU A83618

Name in Full: John Bulzer

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 4 miles south of Hagerstown (County) Washington

Date of death: Month Mar, Day 10, 1904 — Age: Years 50, Months ——, Days ——

Sex: male — Color or Race: White — Birthplace: Penna

Occupation: Sawyer — Where Residing if not at place of death: Lancaster Pa

Married, Single or Widowed: single — Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

Primary: — How long:

Immediate: Found dead in bed — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C M Suter Undertaker

Address: Hagerstown Md

Accident or Suicide? ——

LIBRARY BUREAU A88618

Name in Full: Katharine L Byerly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 12; 1914

Age: Years: 1; Months: 2; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Edward Byerly

Father's Birthplace: Md

Mother's Maiden Name: Luella Mowatt

Mother's Birthplace: Ohio

Name of person giving Information: Luella Byerly

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobular Pneumonia with Abscess of Ear.

How long:

Immediate: Asphyxia.

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr J D Newcomer

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Mary L. Carter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Washington

Date of death 1904 — Month: 3 — Day: 18

Age — Years: 3 — Months: 6 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed — Occupation: ———

Name of Wife or Husband: ———

Father's Name: [illegible] — Father's Birthplace: [illegible]

Mother's Maiden Name: Bessie Carter — Mother's Birthplace: Md.

Name of person giving In formation: Isaac Carter — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough — How long: 4 Weeks

Immediate: Convulsions — How long: ———

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Zentz

Address: Boonsboro Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name in Full: Henrietta Clary

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Smithsburg — County: Washington

Date of death 1904 — Month: 3 — Day: 18

Age — Years: 7 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ringgold

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband:

Father's Name: George Kohler — Father's Birthplace: Ringgold

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Elda Ferguson — How related to deceased: Nurse

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Found dead — How long: —

Immediate: Heart failure, — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. M. Steck

Address: Smithsburg Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A58516

Name in Full: Eliza Colbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hancock — County: Washington

Date of death 1904 — Month: March — Day: 25 — Age — Years: 75 — Months: — Days: —

Sex: Woman — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Ling

Father's Name: John Jackson — Father's Birthplace: Near Harpers Ferry Va

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: J W Ried — How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long:

Immediate: " " — How long:

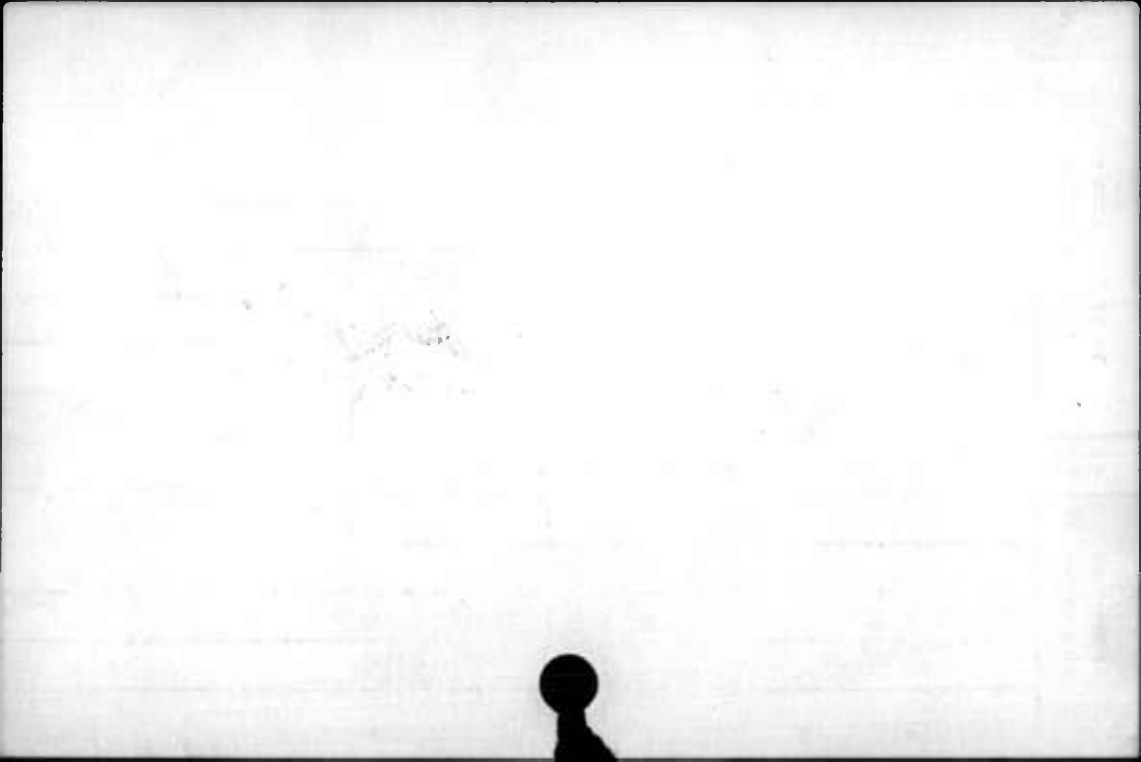
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Elwood Shipley

Address: Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A68016



Name in Full: Sallie Ann Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 3; Day: 8; Age: Years: 84; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: House Work; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know; Father's Birthplace: Don't Know

Mother's Maiden Name: Mary Garter; Mother's Birthplace: Don't Know

Name of person giving Imformation: Mrs Hager; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility Paralysis. How long: 6 yrs

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monnon

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A88318

Name in Full: Wilson Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bellevue, County: Washington

Date of death: Month: Nov. Day: 2 Year: 1904

Age: Years: 82 Months: — Days: —

Sex: White Color or Race: White Birthplace: Cleorspring

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widower Name of Wife or Husband: Annie Davis

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Annie Arnold Mother's Birthplace: —

Name of person giving Imformation: Son Daughter How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: —

Address: L. T. Reacher

Accident or Suicide? —

LIBRARY BUREAU A88819

Name in Full: Mrs. Letitia Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Washington; County: Washington

Date of death: 1904 Month: 3 Day: 3

Age: Years: 60 Months: 1 Days: 25

Sex: Female Color or Race: Colored ~~White~~ Birthplace: Md.

Occupation: Housewife. Where Residing if not at place of death:

Married, Single or Widowed: widow Name of ~~Wife~~ Husband: Claggett Dorsey

Father's Name: Daniel Liles Father's Birthplace: Md

Mother's Maiden Name: Annie Galloway Mother's Birthplace: "

Name of person giving Information: Geo Liles How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know How long: Dont Know

Immediate: Hemorrhage Gastric How long: 5 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Daniel E. Coathran

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mrs Mary M. Duffy.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Mar. Day: 30 Year: 1904

Age: Years: 47 Months: Days:

Sex: female

Color or Race: white

Birthplace: Md.

Occupation: N. W.

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Otho J. Duffy.

Father's Name: Henry Cramer

Father's Birthplace: Md.

Mother's Maiden Name: Mary M. Weber

Mother's Birthplace: Penna

Name of person giving Imformation: O. J. Duffy

How related to deceased: husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs

How long:

Immediate: Hemorrhage

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. S. Mason

Address: Hagerstown

Accident or Suicide? —

LIBRARY BUREAU A98016

Name in Full: Meredith Ensminger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death 1904: Month: Mar; Day: 24; Age: Years: 77; Months: 3; Days: 19

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: widower; Name of Wife or Husband: Mrs Mary Ensminger

Father's Name: Martin Ensminger; Father's Birthplace: Md.

Mother's Maiden Name: Margaret Smith; Mother's Birthplace: "

Name of person giving Imformation: Mrs Margaret Hose; How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; How long: One week

Immediate: ; How long:

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Chas. B. Boyle M.D.

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Howard McPherson Esson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 14; 1904

Years: Age 1; Months: 3; Days: 14

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Charles Esson; Father's Birthplace: Md

Mother's Maiden Name: Marjorie; Mother's Birthplace: Md

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia; How long: Three Days

Immediate: Broncho Pneumonia; How long: Three Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: David A. Watkins

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A5D15

Name in Full: William Edgar Eyler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Corbets addition — County: Washington

Date of death 1904: Month: Mar. — Day: Tuesday — Age: Years — Months: 2 — Days: 3

Sex: Males — Color or Race: White — Birthplace: Boonsboro Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Henry E Eyler — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Lydia Smith — Mother's Birthplace: Frederick Co

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Pneumonia — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Zimmerman M.D.

Address: Hagerstown Md.

Accident or Suicide:

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

Clarance Fessler

Died at Town: Edgemont County: Washington MARYLAND

Date 1904 Month: 3 Day: 19 Age: Y. 1 M. D. Native of: Md Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of ~~children living~~

Husband of —
Wife

Father's Name: Albert Fessler Mother's Name: Lizzie Fessler

Cause of Death — Primary: How long sick

Immediate: Heart Failure Accident, Suicide, Homicide

Reported by Albert Fessler

Address Edgemont Washington Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Ada Leona Foyle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chewsville; County: Washington

Date of death: 1904; Month: March; Day: 8

Age: Years: —; Months: 1; Days: 14

Sex: Female

Color or Race: White

Birthplace: Chewsville

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Frank Foyle

Father's Birthplace: Thurmont Md

Mother's Maiden Name: Mary Stover

Mother's Birthplace: Not known

Name of person giving Imformation: Frank Foyle

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed to be Pneumonia following Whooping Cough

Duration: Two days

Immediate: Not seen by Physician

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. L. Mussie M.D.

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full

Ce tificate of Death

Erissa Leoda Fritz

Town | County

Died at near Leitersburg | Washington | MARYLAND

Dete 1904 | Month March Dey 19 | Age Y. 5 M. weeks D. | Native of Leitersburg | ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name Wm H Fritz

Mother's Maiden Name Sallie Stocksleger

Cause of Death — Primary

Immediate Not known

How long sick one week

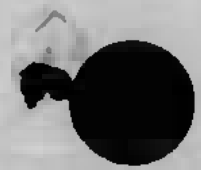
~~Accident, Suicide, Homicide~~

Reported by Wm. L. Theiss Undertaker

Address Leitersburg Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893



Name in Full

Certificate of Death

Ellsworth Leonhart

Died at Town: Chambersburg, County: Franklin Co, Pa. ~~MARYLAND~~

Date 1904 Month: March Day: 13 | Age Y. 11 M. mon. 12 D. | Native of: State Line | Occupation: —

X Male / Female | X White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: Denton Leonhart | Mother's Maiden Name: Ida Garner

Cause of Death:
- Primary: Catarrhal Fever
- Immediate: Catarrhal Fever

How long sick: 3 days

Accident, Suicide, Homicide

Reported by B. F. Ingers. M.D.

Address Chambersburg, Pa

B. F. Ingers. M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Percy LeRoy Gonder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blue Mountain House; County: Washington

Date of death: 1904; Month: Mar; Day: 21; Years: Age 1; Months: 10; Days: 14

Sex: Male; Color or Race: White; Birthplace: Near Blue Mountain House

Occupation: ; Where Residing if not at place of death: " " "

Married, Single or Widowed: ; Name of Wife or Husband: ;

Father's Name: Archer LeRoy Gonder; Father's Birthplace: Boonsboro Pa

Mother's Maiden Name: Grace Annie Ott; Mother's Birthplace: " "

Name of person giving Imformation: Mr and Mrs Eli Ott; How related to deceased: Grandparents

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles; How long: Two Weeks

Immediate: Pneumonia; How long: One Week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. Protzman M. D.

Address: Smithburg Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83516

Name in Full: Henry Graves

CERTIFICATE OF DEATH

MARYLAND

Died at: Baldwin Asylum — Town: HAGERSTOWN. — County: Washington

Date of death 1904: Month: Mar — Day: 5 — Age: Years: 86 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Mr D R Hager — How related to deceased: No

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Orbrlety. Senility — How long

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W F Monnon

Address: Hagerstown

Accident or Suicide? No

LIBRARY BUREAU A88516

Henry Braun age 86 birth Crema

Crema, Illinois
Box 100

Name in Full: Lodi Andrew Hagan

CERTIFICATE OF DEATH

Died at: Town: Brucies — County: Morgan — W. Va. / MARYLAND

Date of death 1904: Month: Mar. — Day: 23 — Age: Years: 2 — Months: 4 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Brucies W Va

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Hagan — Father's Birthplace: Germany

Mother's Maiden Name: Katie Shirs 179 — Mother's Birthplace: Wash Co Md

Name of person giving In formation: " " — How related to deceased: " "

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Fever — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. C. Stiegers

Address: Hancock, Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full

Certificate of Death

Mrs Mary Haggerty

Town: Sandy Hook County: Washington

Died at Sandy Hook Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date ~~1904~~ 3	23	Age 70			Md	H. W.

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Number of children living One

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Heart Disease

Immediate Dropsy

How long sick one week

~~Accident Suicide Homicide~~

Reported by B B Ranson M D

Address Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Thomas Leo Hardey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hereford — County: Nash

Date of death 1904 — Month: 3 — Day: 19 — Age — Years: 21 — Months: 6 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Hardey — Father's Birthplace: Md

Mother's Maiden Name: Helen Fitzpatrick — Mother's Birthplace: "

Name of person giving information: Thomas Hardey — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epileptiform Spasms — How long: 3 Yrs

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. T. Gontier

Address: Hereford Md

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Daniel Isaac Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Garrowsburg — County: Washington

Date of death — Month: March — Day: 3 — Year: 1904 — Age: Years: 1 — Months: 11 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Garrowsburg

Occupation — Where Residing if not at place of death

Married, Single or ~~Widowed~~ — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David J. Harris — Father's Birthplace: Virginia

Mother's Maiden Name: Mary A. Stonebreaker — Mother's Birthplace: Virginia

Name of person giving Information: Benj. F. Harris — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 1 week

Immediate: Measles — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Gourtier M. D.

Address: Brookesville, Md. R.F.D.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Ann Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunsville; County: Washington

Date of death 1904: Month: 3; Day: 8

Age: Years: 68; Months: —; Days: 23

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, ~~Single or Widowed~~: Occupation: Housewife

~~Name of Wife or~~ Husband: John I. Harrison

Father's Name: John Miller; Father's Birthplace: Md

Mother's Maiden Name: Catharine Castle; Mother's Birthplace: "

Name of person giving Information: J. I. Harrison; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs; How long: 2 years

Immediate: ~~~; How long: ~~~

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. I. Gantz

Address: Brunsville Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A8581B

Name in Full: Susanna Hays

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 3; Day: 2.

Age: Years: 73; Months: 10; Days: 19

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Widow; Name of Wife or Husband: Wilson Lee Hays

Father's Name: John Recher; Father's Birthplace: Md

Mother's Maiden Name: Ann Recher; Mother's Birthplace: Md

Name of person giving Imformation: Rufus Hays; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Rheumatism; How long: Twenty five years

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M McPherson

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: George D Heck

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Bakersville — Town — County: Washington

Date of death 1904	Month	Day	Age — Years	Months	Days
	3	30	1	4	

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John H Heck — Father's Birthplace:

Mother's Maiden Name: Molly Boyer — Mother's Birthplace:

Name of person giving information: Molly C Heck — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 3 days

Immediate: convulsions — How long: 3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: W. M. Reichard.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lloyd E Hill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904 Month: 3 Day: 11 Age — Years: 1 Months: 4 Days: 7

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Jonas Hill

Father's Birthplace: Md

Mother's Maiden Name: Gertrude Wesley

Mother's Birthplace: Md

Name of person giving Imformation: Gertrude Hill

How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Umbilical Hernia — How long: Dont know

Immediate: Strangulation of Bowel — How long: Dont know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: David [illegible]

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Carmel L. Harbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Euclid — County: Washington

Date of death: Feb 11 1904 — Month: 2 — Day: 11 — Age: Years: 0 — Months: 1 — Days: 8

Sex: Female — Color or Race: white — Birthplace: Euclid

Occupation: none — Where Residing if not at place of death: 4

Married, Single or Widowed: Single — Name of Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: ——— — Father's Birthplace: ———

Mother's Maiden Name: Emmie F. Harbaugh — Mother's Birthplace: Euclid

Name of person giving Imformation: Alvia J. Harbaugh — How related to deceased:

CAUSES OF DEATH

Primary: — How long:

Immediate: Spasm — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: none

Address: Benjamin F. Young undertaker

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

District: Town: Bushtown			County: Franklin		Form
Date of death 1904	Month: March	Day: 7	Age Years: 2 no	Months: no	Days: no
Sex: Female	Color or Race: White			Birthplace: Bushtown	
Occupation: none			Where Residing if not at place of death: Bushtown		
Married, Single or Widowed: Infant	Name of Wife or Husband:				
Father's Name: Edward Hartman				Father's Birthplace: Dont know	
Mother's Maiden Name: Lena Wolfinger				Mother's Birthplace: Dont know	
Name of person giving Imformation: Dr Nowell				How related to deceased: Not	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: died at birth.	How long: ~~5 minutes~~
Immediate:	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: G Nowell
	Address: Greencastle Pa
Accident or Suicide?	

LIBRARY BUREAU A83013

Name in Full: Lena Gertrude Hovermill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: March — Day: 5 — Years: 3 — Months: 6 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Hagerstown Md

Occupation: Child — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Shafer Hovermill — Father's Birthplace: Md

Mother's Maiden Name: Josephine Crouse — Mother's Birthplace: Md

Name of person giving Imformation: S Hovermill — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: 3 Months

Immediate: Cerebral Hemorrhage — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: J W Morrison

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A83816

Name in Full: Morrison Ingrem

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: 3 — Day: 15 — Years: — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Ingrem — Father's Birthplace:

Mother's Maiden Name: Anna M. Hendrick — Mother's Birthplace:

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Cardiac asthenia — How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Monnon

Address: Hagerstown Md

Accident or Suicide? No.

LIBRARY BUREAU A80316

Name in Full: Sarah Salome Troyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 30; 1904

Age: Years: 10; Months: 11; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Clyde B Troyer; Father's Birthplace: Md

Mother's Maiden Name: Lulu May Neff; Mother's Birthplace: Md

Name of person giving Information: Clyde B Troyer; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia (Double); How long: 2 days.

Immediate: Exhaustion; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor D Miller M.D.

Address: Hagerstown Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88814

Name in Full

Certificate of Death

Helen May James

Died at Town: Laytons Ville County: Washington MARYLAND

Date 1904 Month: Mar. Day: 30 | Age Y.: 5 M.: 6 D.: 16 | Native of: Md. | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower Divorced | Number of children living

Husband / Wife of

Father's Name: Frederick L. James

Mother's Name: Mary May James

Cause of Death — Primary: Pneumonia Fever — How long sick: 10 days

Immediate: Heart Failure

Reported by: H. Franklin Schanel M.D.

Address: Bakersville Wash. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name In Full

Ce tificate of Death

Died at Town: Leitersburg County: Washington MARYLAND

Date 1904 Month: March Day: 28 Age Y. M. D. Native of: Leitersburg Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Geo Johnson Mother's Maiden Name: Dorotha Harbaugh

Cause of Death — Primary: Not known S. How long sick

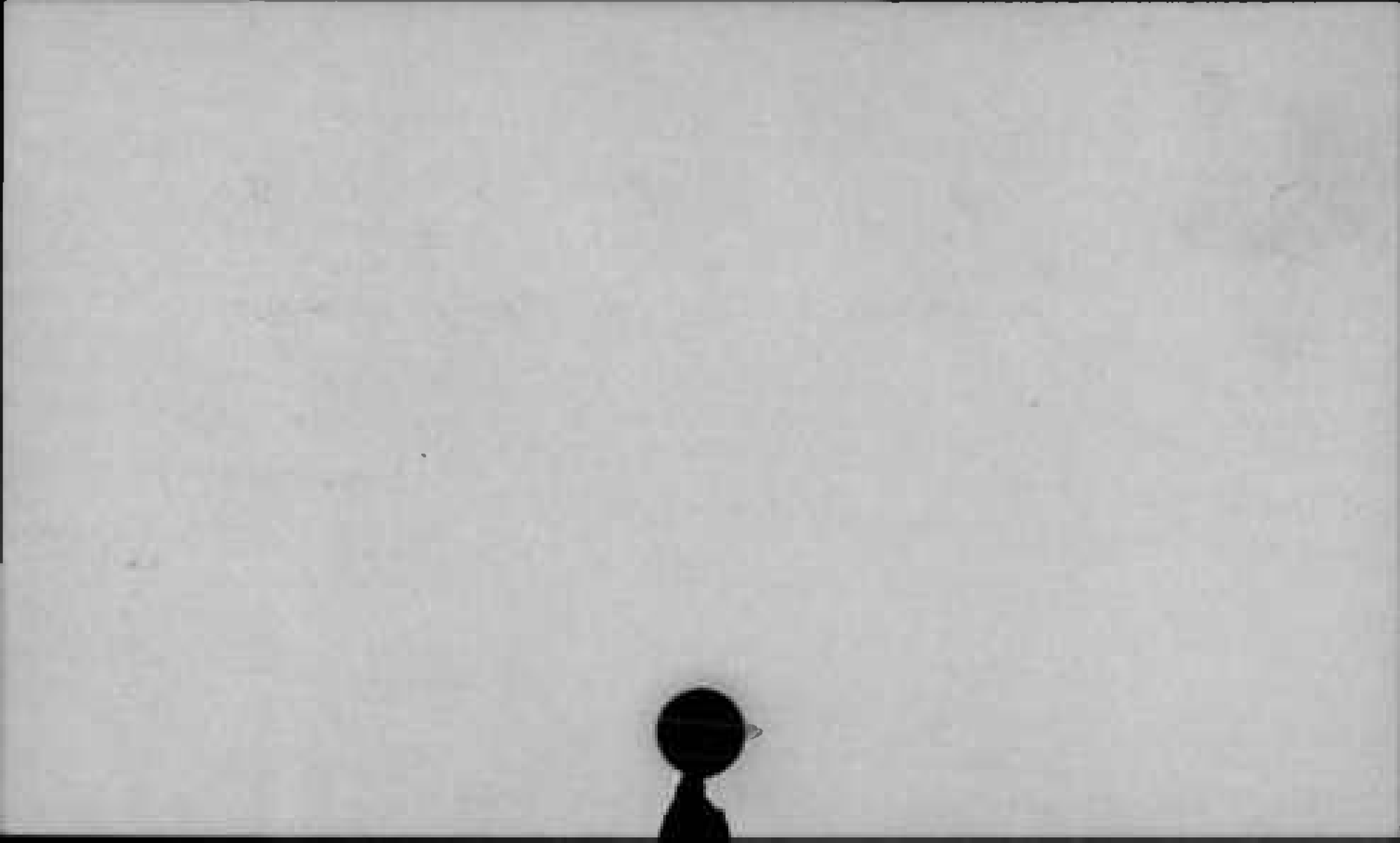
Immediate: Still Borne ~~Accident, Suicide, Homicide~~

Reported by: Mrs L. Sheiss Undertaker

Address: Leitersburg Maryland.

Must be signed by physician, if any in attendance, otherwise by ~~coroner~~, undertaker or minister.

LIBRARY BUREAU, 79813



CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary E Johnson

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 3; Day: 1; Age: Years: 74; Months: 5; Days: 8

Sex: Female; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Levi James Johnson; Father's Birthplace: Md

Mother's Maiden Name: Jane Gaboy; Mother's Birthplace: Md

Name of person giving Imformation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J McPeak

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Bernie Houston Jones'

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Washington

Date of death: 1904 Month: 3 Day: 27 Age: Years [illegible] Months: 10 Days: —

Sex: Male Color or Race: White Birthplace: Md

Occupation: Child Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: John W Jones Father's Birthplace: Md

Mother's Maiden Name: Addie Rummel Mother's Birthplace: Md

Name of person giving Information: John Jones' How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough & Bronchopneumonia How long: 10 days

Immediate: Cardiac Failure How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D M Wagaman

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Mildred Elizabeth Knoisley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: Mar. — Day: 4 — Age — Years: — Months: 7 — Days: 16

Sex: female — Color or Race: white — Birthplace: Md.

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: John Knoisley — Father's Birthplace: Md

Mother's Maiden Name: Bessie Feigley — Mother's Birthplace: "

Name of person giving Information: Bessie Knoisley — How related to deceased: mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 Days

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Dan.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Frank L. Kretzinger

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Clearview — County: Washington

Date of death 1904 — Month: March — Day: 12 — Years: — — Months: 5 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank H. Kretzinger — Father's Birthplace: Md.

Mother's Maiden Name: Emma Beard — Mother's Birthplace: Md.

Name of person giving Imformation: Frank H. Kretzinger — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia — How long: One week

Immediate: Cardiac Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. B. Weyaman

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Joseph Leighter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boonsboro; County: Washington

Date of death 1904: Month: March; Day: 7th

Age: Years: 72; Months; Days

Sex: Male; Color or Race: White; Birthplace

Married, Single or Widowed: Single; Occupation

Name of Wife or Husband: —

Father's Name: Joseph Leighter; Father's Birthplace: Frederick Co.

Mother's Maiden Name: Mary Kdogle; Mother's Birthplace: " "

Name of person giving information: John Leighter; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis -; How long: 12 days -

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B. Schneider M.D.

Address: Boonsboro Washington Co -

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Elenora Liggett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boonsboro; County: Washington

Date of death 190 4: Month: Mar; Day: 10th; Years: Age 66; Months: 1; Days: 18

Sex: Female; Color or Race: White; Birthplace: Wash-Co Md

Married, Single or Widowed: Widowed; Occupation: —

Name of Wife or Husband: —

Father's Name: Daniel Thym; Father's Birthplace: Wash-Co

Mother's Maiden Name: Susan Sutton; Mother's Birthplace: Wash-Co

Name of person giving Information: Mrs Elizabeth Smith; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 2 Yrs

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Wheeler M.D. Boonsboro Maryland

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mary R. Lineburgh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 18; Year: 1904

Age: Years: 64; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Frank Kenner; Father's Birthplace:

Mother's Maiden Name: Mary Catharine Staub; Mother's Birthplace:

Name of person giving Information:; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion; How long: 8 hrs

Immediate: Found dead in bed; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Monnon

Address: Hagerstown Md

Accident or Suicide? no

LIBRARY BUREAU A83618

Name in Full: Elizabeth Mc Carthy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clearspring; County: Wash

Date of death: Month: May; Day: 12; 1904

Age: Years: 78; Months: 6; Days: 11

Sex: Female

Color or Race: White

Birthplace: Lancaster Co. Pa

Occupation: House Wife

Where Residing if not at place of death: At place of Death

Married, Single or Widowed

Husband: John Mc Carthy

Father's Name: Daniel Miller

Father's Birthplace: Pa

Mother's Maiden Name: Mary Magdelena Milly

Mother's Birthplace: Pa

Name of person giving information: Jacob Mc Carthy

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia

How long: 2 Weeks

Immediate: Cardiac Failure

How long: 1 Day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E J Mason

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A65515

Name in Full: William Harvey McCauley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Beaver Creek; County: Washington Co

Date of death: Month: Mar.; Day: 27; 1904

Age: Years: 35; Months: 5; Days: —

Sex: Male

Color or Race: White

Birthplace: Washington Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Emma Hebb

Father's Name: Saml McCauley

Father's Birthplace: Washington Co

Mother's Maiden Name: Laura Stouffer

Mother's Birthplace:

Name of person giving Imformation: Wm McCauley

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis (Throat-)

How long: 6 mos

Immediate: Heart-Paral-

How long: Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Davis

Address: Boonsboro Md.

Accident or Suicide?

LIBRARY BUREAU A8616

Name in Full: Nevella McKee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berea Creek — County: Worsh

Date of death 1904: Month: March — Day: 21 — Age: Years: 70 — Months: 8 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation:

~~Name of Wife~~ or Husband: Allen McKee

Father's Name: Robert Hamm — Father's Birthplace: Md

Mother's Maiden Name: Nevilla Hamm — Mother's Birthplace: Md

Name of person giving Information: Joshua Shifflett — How related to deceased: Son in Law

CAUSES OF DEATH

Primary: Mitral Regurgitation — How long: 18 Months.

Immediate: Uraemia - Collapse. — How long: 48 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Hubert Wade, M.D.

Address: Bowlesboro - Maryland

~~Accident~~ or Suicide?

LIBRARY BUREAU A66516

Name In Full

Ce tificate of Death

Charles F. Martin

Town: Leitersburg | County: Washington | MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
March	15	28	10	19	Leitersburg	Laborer

Date 1904

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Henry Martin | Mother's Maiden Name: Ellen Webb.

Cause of Death — Primary: Pneumonia — How long sick: three months

Immediate: Consumption — ~~Accident, Suicide, Homicide~~

Reported by: Wm. L. Sheiss Undertaker.

Address: Leitersburg Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19893

Name in Full: John C. Martin —

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: March — Day: 17th

Age: Years: 50 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Wash. Co. Md

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife or Husband: Mary A. Martin —

Father's Name: George Martin — Father's Birthplace: Maryland

Mother's Maiden Name: Matilda Stine — Mother's Birthplace: Maryland

Name of person giving information: Bruce Martin — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Deabetes + — How long: Six months

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Ragan —

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A6931S

Name in Full: John. T. Martin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brownsville — County: Washington

Date of death 1904 — Month: 3 — Day: 5

Age — Years: — Months: 8 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Brownsville

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Dand W. Martin — Father's Birthplace: Hereford

Mother's Maiden Name: Dora. Rensburg — Mother's Birthplace: Garland

Name of person giving In formation: Dand W. Martin — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stopping. Cough — How long: 3 Weeks

Immediate: Strangulation — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Foutee

Address: Brownsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66316

Name in Full: Clyde A Middlekauff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wheelersmans — County: Washington Co

Date of death	Month	Day	Age: Years	Months	Days
1904	3	9	1	3	14

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Wheelersmans

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Jacob M Middlekauff — Father's Birthplace: Wash Co

Mother's Maiden Name: Ada J Leatherman — Mother's Birthplace: " "

Name of person giving Imformation: Jacob M Middlekauff — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 3 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: V. M. Reichard

Address: Fair play

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Vernice J. Moats

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Lydia County: Washington

Date of death: 1904 March 18

Age: Years 3 Months 5 Days

Sex: Female Color or Race: White Birthplace: Wash. Co.

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Harry T. Moats Father's Birthplace: Wash. Co.

Mother's Maiden Name: Bessie F. Miller Mother's Birthplace: " "

Name of person giving Imformation: Bessie Moats How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catharhal Pneumonia How long: 10 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V. M. Reichard

Address: Hainplay.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83916

Name in Full: Ira Morrison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Beaver Creek — County: Washington

Date of death 190 4 — Month: 3 — Day: 21 — Age: Years — — Months — — Days: One

Sex: Male — Color or Race: Caucasian — Birthplace: Beaver Creek,

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: John T. Morrison — Father's Birthplace: Maryland

Mother's Maiden Name: Mary E. Stouffer — Mother's Birthplace: Maryland

Name of person giving Information: Mary E. Morrison — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrhal Bronchitis — How long: One day

Immediate: Spasmus Heart failure — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Hubert Mode,

Address: Boonsboro, Md. Co.,

Maryland,

Accident or Suicide? No

LIBRARY BUREAU A6931G

Name in Full: Amanda Newell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: Nov — Day: 17 — Age — Years: 63 — Months: 5 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: Washerwoman — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Newell — Father's Birthplace: Pa

Mother's Maiden Name: Charlott Brunkleton — Mother's Birthplace: Pa

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: Two yrs

Immediate: Dysentery — How long: Four Days

Are the name, age, sex, color, date and place correctly given above? Yes to best Knowledge — Signature of Physician: J. E. Pitsnogle — Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A93516

Name in Full: Catherine Dority Nickerson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clearspring; County: Washington.

Date of death 1904: Month: 3; Day: 29; Age: Years: 81; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md.

Married, Single or Widowed; Occupation: Housekeeper

Name of Wife or Husband: Lambert Nickerson

Father's Name: Alex. Carley; Father's Birthplace: Md.

Mother's Maiden Name: Hazel; Mother's Birthplace: Md.

Name of person giving In formation: Isaac Hull; How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Left Hand and Inflammation of Arm; How long: Five (5) days

Immediate: Heart Failure; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Perry M.D.

Address: Maryland.

Clearspring

Accident or Suicide?

LIBRARY BUREAU AB9516

Name in Full: Jesse R Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown. County: Washington

Date of death: May 5 1904 | Month: March | Day: 25 | Years: 44 | Months: 6 | Days:

Sex: Male | Color or Race: White | Birthplace: Waynesboro Pa

Occupation: Superintendent of Gas Co | Where Residing if not at place of death: Waynesboro Pa

Married, Single or Widowed: Married | Name of Wife or Husband: Ida. Allen.

Father's Name: Jacob F Allen. | Father's Birthplace:

Mother's Maiden Name: Elizabeth Allen. | Mother's Birthplace:

Name of person giving Information: L E. Dacbble. | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid. Fever. Complication | How long

Immediate: Exhaustion | How long

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: E M Mackaee

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full ~~Still Born.~~ Un-named Child

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Hagerstown (County) Washington

Date of death 1904 (Month) March (Day) 12 Age (Years) — (Months) — (Days) 1

Sex Male Color or Race Colored Birthplace Hagerstown

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband

Father's Name [illegible] Father's Birthplace

Mother's Maiden Name Georgia A. Parker Mother's Birthplace Md.

Name of person giving Imformation Samuel A. Powers How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Congenital Deformity How long —

Immediate How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. M. Wagaman

Address Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Ellen Payne 194

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport County: Washington

Date of death 1904: Month: March Day: 16 Years: Age 24 Months: 1 Days: 24

Sex: Female Color or Race: White Birthplace: Md

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Husband: Edgar M. Payne

Father's Name: George Brown Father's Birthplace: Bohemia

Mother's Maiden Name: Laura S. Davis Mother's Birthplace: W. Va

Name of person giving Imformation: Laura S. Brown How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Peritonitis How long: 1 week

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: V. M. Richard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88818

Otterbein Church Neck

Name in Full: Emmory Ward Felton

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Hancock, (County) Wash

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month 3	Day 27	Age Years 70	Months 11	Days 2
Sex Male	Color or Race White		Birthplace Wash. co Md.		
Occupation Plasterer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Letitia Litchfield				
Father's Name Joseph Felton			Father's Birthplace New Hampshire		
Mother's Maiden Name Lucinda Ward			Mother's Birthplace Vermont		
Name of person giving Imformation Geo. R. Felton			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease	How long: 8 yrs
Immediate: Exhaustion	How long: 6 Hrs
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: J. Allen
	Address: Hancock Md
Accident or Suicide? No.	

LIBRARY BUREAU A88016

Name in Full: Infant Son of Chas Poffenberger — 203

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: 3 — Day: 19 — Age: Years: — Months: — Days: 1/2 hour

Sex: Male — Color or Race: White — Birthplace: Washington Co Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas H Poffenberger — Father's Birthplace: Washington Co Md

Mother's Maiden Name: Mary Miller — Mother's Birthplace: "

Name of person giving information: Chas H Poffenberger — How related to deceased: Father

CAUSES OF DEATH

Primary: — How long: —

Immediate: 179 — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: —

Address: —

Reported by J M Miller

Accident or Suicide? Uncertain

LIBRARY BUREAU ASSOC

Name in Full: Mary C Powel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Smoketown — County: Washington

Date of death 1904 — Month: March — Day: 13 — Age: Years 72 — Months 8 — Days —

Sex: Female — Color or Race: white — Birth-place: Chewsville

Married, ~~Single or Widowed~~: Married — Occupation: Housework

Name of ~~Wife~~ or Husband: Joseph Powel

Father's Name: Jacob Coy — Father's Birthplace: —

Mother's Maiden Name: Louisa Hess — Mother's Birthplace: —

Name of person giving information: William Powel — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: General debility — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Lantz

Address: Boonsboro Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Anna Powell Powell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 3; Day: 12

Age: Years: 88; Months: 8; Days: 10

Sex: Female; Color or Race: White; Birthplace: Pa

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Widow; Name of Wife or Husband: Abraham Powell

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Mann; Father's Birthplace: Germany

Mother's Maiden Name: Bridgett Thomas; Mother's Birthplace: Ireland

Name of person giving Imformation: E. M Powell; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy from; How long: Last Winter

Immediate: Heart Disease; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Herman

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A93513

Name in Full: Hazel Pearl Renner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: Mar — Day: 19. — Age: Years: — Months: 10 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Hagerstown

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Otho Renner — Father's Birthplace: Maryland

Mother's Maiden Name: Sallie Keisig — Mother's Birthplace: Maryland

Name of person giving Imformation: Otho Renner — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. L. Herman

Address: Hagerstown Md.

Accident or Suicide? no.

LIBRARY BUREAU A88616

Buried at Broadfording

CERTIFICATE OF DEATH

MARYLAND

Name in Full: William Repp

Died at — Town: Big Pool — County: Washington

Date of death 1904 — Month: 3 — Day: 19 — Age — Years: 27 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Married, ~~Single~~ or Widowed — Occupation: Farm Labor

Name of Wife or ~~Husband~~: Bessie Dowler

Father's Name: Lewis Repp — Father's Birthplace: Md.

Mother's Maiden Name: Amanda — Mother's Birthplace: Md.

Name of person giving information: Geo. B. Repp — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2½ years

Immediate: Asthenia — How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. T. Mason, M.D.

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Sarah Resh

Died at broad Fording (Town) Washington (County) MARYLAND

Date 1907 April 24 days (Month, Day) Age 93 Y. M. D. | Native of Md | Occupation house wife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 3

Husband of Wife Peter Resh

Father's Name

Mother's Maiden Name Hoffer

Cause of Death: Primary exhaustion | How long sick weeks

Immediate | Accident, Suicide, Homicide

Reported by A Mongan & Son

Address Mongansville Md last physician

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. J M Scott

LIBRARY BUREAU, 76-903

Name in Full: Gladys E Reynolds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown Md. County: Washington

Date of death: 1904 Month: 3 Day: 4

Age: Years — Months: 7 Days: 11

Sex: Female Color or Race: white Birthplace: Home

Occupation: ✓ Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel O. Reynolds Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Rhein Mother's Birthplace: Md

Name of person giving Imformation: Father How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion How long: one day

Immediate: Heart Failure How long: Instant

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Pusin Miller

Address: Hagerstown Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A8501S

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Rebecca Rohrer

Died at — Town: Hagerstown — County: Wash

Date of death 1904 — Month: Mar — Day: 31 — Age — Years: 72 — Months: 4 — Days: 23

Sex: female — Color or Race: White — Birthplace: Penna

Married, Single or Widowed: married — Occupation: H. W.

Name of Wife or Husband: Henry Rohrer

Father's Name: Christian Eby — Father's Birthplace: Penna.

Mother's Maiden Name: Mary Witwer — Mother's Birthplace: "

Name of person giving information: Elias Rohrer — How related to deceased: son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis — How long: 10 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Monnett

Address: Hagerstown Md

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Martha E. Ruffin's

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Newton — County: Worcester

Date of death 1904: Month: 3 — Day: 29 — Age: Years: 28 — Months: 9 — Days:

Sex: Female — Color or Race: African — Birthplace: Newton

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Rev. Ruffins

Father's Name: Simon Turney — Father's Birthplace: Md

Mother's Maiden Name: Lucinda Sands — Mother's Birthplace: Md

Name of person giving information: Mrs Williams — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 4 Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Gordon

Address: Bonneville, Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bertha Shorts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: 3 — Day: 21st — Age: Years: — Months: — Days: 21

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Hagerstown Wheaton — Father's Birthplace: Md

Mother's Maiden Name: Ida Shorts — Mother's Birthplace: Va

Name of person giving Information: Ida Shorts — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. K. Coffman

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Catharine Elizabeth Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro; County: Washington

Date of death 1904: Month: March; Day: 21th

Age: Years: 74; Months: 2; Days: 15

Sex: Female; Color or Race: White; Birthplace: Frederick Co.

~~Married~~ ~~Single~~ or Widowed; Occupation: Housewife

Name of Wife or Husband: John E Smith

Father's Name: John Hagan; Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Hagan; Mother's Birthplace: England

Name of person giving In formation: Missouri Smith; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuburculosis; How long: 25 years

Immediate: Invagination of bowels; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Smith

Address: Boonsboro Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Joseph Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Smoketown — County: Wash

Date of death 1904 — Month: Mar — Day: 27 — Age: 65 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Wash. Co

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Sarah Slover

Father's Name: John Smith — Father's Birthplace: Md

Mother's Maiden Name — Mother's Birthplace: Md

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cataract Intestinal — How long

Immediate — Dropsy — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. S. Davis

Address: Boonsboro

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Helen Mable Smothers

CERTIFICATE OF DEATH

MARYLAND

Died at: Home — Town

County: Washington

Date of death: Month: March — Day: 6 — 1904

Age: Years: 1 yrs. — Months: 2 — Days:

Sex: Female

Color or Race: Black

Birthplace: Wash. Co.

Occupation: none

Where Residing if not at place of death: Home

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William R. Smothers

Father's Birthplace: Frd. Co

Mother's Maiden Name: Harriett E Smothers

Mother's Birthplace: Washington Co

Name of person giving Imformation: A L Blessing

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Purpura Hemorrhagica — How long

Immediate: Hemorrhage — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature Physician: A L Blessing M.D.

Address: Brunsville Md.

Accident or Suicide? —

LIBRARY BUREAU A88819

Peterville-

Kan

Name in Full: John H Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: Mar — Day: 4 — Year: 1904 — Age: Years: 57 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Wash Co.

Occupation: Saloon Keeper — Where Residing if not at place of death: —

Married or Widowed: W — Name of Wife or Husband: Addie Sprecher.

Father's Name: Andrew K. Snyder — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: C. E. Suter — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long:

Immediate: found. Was dead on floor — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo B Monnon

Address: Hagerstown Md.

Accident or Suicide? No

LIBRARY BUREAU Aaaste

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Edgemont — County: Washington

Date of death: Month: Mar — Day: 11 — Years: — Months: 6 — Days: 18

Sex: Girl — Color or Race: white — Birthplace: Edgemont

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Frank Spencer — Father's Birthplace: Edgemont

Mother's Maiden Name: Ada Schildt — Mother's Birthplace: Edgemont

Name of person giving Imformation: C. W. Schildt — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach trouble — How long: 8 weeks

Immediate: Stomach trouble — How long: 8 weeks

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Joseph Emmiss

Address: Waynesboro Pa

Accident or Suicide? no

LIBRARY BUREAU A98516

Name in Full: Lavina Staley.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clearspring. County: Washington.

Date of death: Month: 3. Day: 24. 1904

Age: Years: 67. Months: —. Days: —

Sex: Female.

Color or Race: White

Birthplace: Boonsboro

Occupation: Housewife.

Where Residing if not at place of death: Clearspring.

Married, ~~Single~~ or ~~Widowed~~: ✓

Name of ~~Wife~~ Husband: Isaac Staley

Father's Name: Jacob Keiser.

Father's Birthplace:

Mother's Maiden Name: Lavina Keiser.

Mother's Birthplace:

Name of person giving information: Isaac Staley.

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Degeneration — How long: 2 years

Immediate: Passive Congestion of Kidneys & Lungs — How long: 1 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. D. Mason, M. D.

Address: Clearspring, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A6S618

Name in Full: James Donald Steward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 3; Day: 24; Years: —; Months: 6; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: William Steward; Father's Birthplace: Pa

Mother's Maiden Name: Effie Richey; Mother's Birthplace: Va

Name of person giving Information: Williams Steward; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia; How long: four days

Immediate: Broncho Pneumonia; How long: four days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Daniel E. Hoskins

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Rebaumma A Steward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 190 4: Month: 3; Day: 22; Age — Years: 6; Months: 9; Days: 3

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Steward; Father's Birthplace: Md

Mother's Maiden Name: Addie Fostner; Mother's Birthplace: Md

Name of person giving Imformation: Sallie Fostner; How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary & Glandular Tuberculosis; How long: 1 year (?)

Immediate: Exhaustion; How long: 6 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Martin Shuller MD

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A88510

Name in Full: Child of Jacob Straley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash

Date of death: 1904 Month: Mar Day: 18 — Age: Years — Months — Days: 1

Sex: male — Color or Race: white — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Straley — Father's Birthplace: Pa

Mother's Maiden Name: Minnie Fletcher — Mother's Birthplace: "

Name of person giving information: Jacob Straley — How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blue Disease — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E A Manbeck

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Francesco Tropassia

CERTIFICATE OF DEATH

MARYLAND

Died at: On: Beg Pool — County: Washe

Date of death 1904: Month: 3 — Day: 2 — Age: Years / Months / Days

Sex: Male — Color or Race: Italian — Birthplace: Italy

Married, Single or Widowed — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: Italy

Mother's Maiden Name: — — Mother's Birthplace: "

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute congestion of Lungs — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above?

Attorney Coroner

Accident or Suicide?

Signature of Physician

Address: J. Hurst Johnson M.D.

Elm Grove M.C.

LIBRARY BUREAU A88516

Name in Full: Edward Arthur Tymeson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: Mar — Day: 29

Age — Years: — Months: 3 — Days: 22

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: X X

Father's Name: Arthur A Tymeson — Father's Birthplace: Connecticut

Mother's Maiden Name: Lucretia Buchanan — Mother's Birthplace: Maryland

Name of person giving information: A. A. Tymeson — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: one week

Immediate: Acute Meningitis — How long: two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. H. Ragan

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A86316

Name In Full

Certificete of Death

Miss Sarah C. Unger

Died at Town: Clearsville County: Washington County MARYLAND

Date 19th December 13 | Age Month Day Y. 75 M. 4 D. 18 | Native of Clearsville | Occupation Broder

~~Male~~ Femele | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children~~ living

~~Husband~~ Wife of

Father's Neme Fredick Unger | Mother's Maiden Name Elizabeth Fishack

Cause of Death: Primary Apoplexy | How long sick four hours

Immediate " | ~~Accident, Suicide, Homicide~~

Reported by J. H. Weishaard

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Name in Full: Estine Walker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 3; Day: 2; 1904

Age: Years: 66; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: House work; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Peter Key; Father's Birthplace: Md

Mother's Maiden Name: Eliza Benner; Mother's Birthplace: Md

Name of person giving Imformation: Martha Walker; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uraemia; How long: 3 days

Immediate: Uraemia Coma; How long: 36 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David L. Watkins

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Mrs Elizabeth White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Wash

Date of death 1904: Month: Mar — Day: 26 — Age: Years: 84 — Months: 4 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: widow — Occupation: —

Name of Wife or Husband: John White

Father's Name: Elisha Leasure — Father's Birthplace: Penna

Mother's Maiden Name: Susan Miller — Mother's Birthplace: "

Name of person giving information: Mrs Sheeley — How related to deceased: niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility — How long: —

Immediate: Exhaustion — How long: Several months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. D. W. Rayan

Address: Hagerstown, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU ARTS 18

Name in Full

Certificate of Death

Elizabeth Winders

Town

Smoketown

County

Washington

Died at

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1904	3	16	Age	73	5	29	Md	Housewife

Male – White – ~~Married~~ – Widow – ~~Divorced~~

Female – ~~Colored~~ – ~~Single~~ – ~~Widower~~ – Number of children living 4

~~Husband~~ of

Wife

Father's Name: William Powell

Mother's Name: Elizabeth Powell

Maiden Name: Fisher

Cause of Death

Primary

Immediate: General debility

How long sick: 1 week

~~Accident, Suicide, Homicide~~

Reported by: E S Smith M.D

Address: Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66866

Name in Full: Tobias Wingart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ringgold — County: Washington

Date of death 1904 — Month: 3 — Day: 14 — Age — Years: 78 — Months: 3 — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: St Tomas Pa

Occupation: Farmer — Where Residing if not at place of death: Ringgold md

Married, ~~Single or Widowed~~: Married — Name of Wife or Husband:

Father's Name: John C. Wingert — Father's Birthplace: St Tomas Pa

Mother's Maiden Name: Susan Wingert — Mother's Birthplace: St Tomas Pa

Name of person giving Imformation: Almey Gardner — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Two Weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nurse

Address:

Accident or Suicide? No

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John D. Wisherd

Died at: Town: Mapleville — County: Wash.

Date of death 1904: Month: 3 — Day: 23

Age: Years: 80 — Months: 6 — Days: 3

Sex: male — Color or Race: White — Birthplace: Penna.

Married, Single or Widowed: Single — Occupation: Farmer

Name of Wife or ~~Husband~~: Eavey

Father's Name: John Wisherd — Father's Birthplace: Pa.

Mother's Maiden Name: [illegible] — Mother's Birthplace: [illegible]

Name of person giving information: Joh. Chas. E. Wisherd — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long 1 Year

Immediate: Heart Failure — How long Hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Davis

Address: Boonsboro

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: James F. L. Yoste

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bradley Springs County: Washington

Date of death 1904 Month: 3 Day: 25 Age: Years: — Months: 3 Days: 2

Sex: Male Color or Race: White Birthplace: Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm Yoste Father's Birthplace: Md

Mother's Maiden Name: A. M. Snyder Mother's Birthplace: Md.

Name of person giving In formetion: William Yoste How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown How long: —

Immediate: Eclampsia How long: 1 Day

PHYSICIAN OR CORONER

Are the name, age, sex, color. dete and place correctly given above? yes

Signature of Physician: C. J. Mason

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Jacob A Young

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 3 — Day: 7

Age — Years: 64 — Months: 10 — Days: 16

Sex: Male. — Color or Race: White — Birthplace:

Occupation: Real Estate Dealer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary A. C. Young

Father's Name: Jacob Young — Father's Birthplace:

Mother's Maiden Name: Anna Kenn[illegible] — Mother's Birthplace:

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Atheroma. — How long:

Immediate: Cerebral Haemorrhage. — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? As far as I know.

Signature of Physician: A. S. Mason

Address: Hagerstown Md

~~Accident or Suicide~~?

LIBRARY BUREAU A89316

12 30

1904 3 7

1839 4 21

64:10 16

Name in Full: Michael Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Smoke town — County: Washington

Date of death 1904 — Month: Mar — Day: 24 — Years: 3/4 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Penna

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Jacob S Zimmerman — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 10 Days

Immediate: Heart Failure — How long: Imm.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Davis

Address: Boonsboro

Accident or Suicide?

LIBRARY BUREAU A89516